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Lived Experience Perspectives on Ableism Within and Beyond Music Therapists' Professional Identities

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ABSTRACT: The 10 authors contributing to this reflective essay are comprised of music therapy practitioners, academics, and students with lived experience of disability, neurodivergence, or/and chronic physical and mental health conditions. We will discuss the impact of ableism in our music therapy work, both for participants and for music therapists. Beyond outright discrimination of people with disability, ableism is typically linked to an agenda to normalize and cure. In contrast, music therapists working from a position of post-ableist music therapy seek to collaboratively provide conditions and musical experiences that are less disabling and restrictive through addressing barriers and facilitating connections. We will discuss how including post-ableist perspectives might also create safer spaces for music therapists with lived experience of disability, neurodivergence, and/or chronic physical and mental health conditions. In this critical commentary, we wish to move from a deficit understanding of therapists with lived experience that is often implicit in codes of ethics and standards of practice, to one that celebrates the richness and knowledge that our experience brings. To embed post-ableist perspectives into our profession at all levels, we will discuss the implications for student training and supervision when accessibility is centered in practicum and classroom learning activities. In conclusion, we aim to make apparent the fact that therapists can and do come in all forms and with all backgrounds and that recognizing health diversity in our profession benefits us all.

Keywords: *disability, music therapy, social justice, training*

Increasing the visibility of music therapists with lived experience of illness, disability, and/or neurodivergence, through the sharing of experiences, is an important step in addressing ableism in music therapy practice.[2] We posit that visibility can be the birthplace of developing community, pride, and alternative ways of practicing and knowing. Ultimately, when we can engage with alternative positions and understandings of disability and illness within our profession, it has the potential to positively impact our identities, practice, and lives. It is then, with increased visibility, that advocacy can flow between therapists and the people they work with. This is important because if music therapists with lived experience are marginalized in

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We acknowledge the Traditional Owners of Country throughout Australia and recognize their continuing connection to land, waters, and culture. We pay our respects to Aboriginal Elders past and present. We also acknowledge and respect *Te Tiriti o Waitangi* (*The Treaty of Waitangi*) and seek to uphold and practice the core principles of partnership, participation, and protection.

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[1] The authors are listed in alphabetical order apart from the lead author, who is listed first, and the coordinating author who is listed last.

[2] In this essay, we recognize that language around disability is an individual preference. Some prefer disabled, while others prefer "person with a disability," Autistic, Deaf (culturally Deaf), neurodivergent. Many in the disability community have reclaimed the word disability and proudly claim "disabled" as a strong aspect of their identity. The use of identity-first language can for some symbolize a power that has been historically seized from disabled people. This idea of reclaiming language fits with the social model of disability. We use multiple ways of describing disability and ways of identifying it in this article.

our profession, so too are the people we work with. Ableist statements and sentiments are found widely in previous and current music therapy literature, practice standards, and codes of ethics, which needs to be acknowledged in order to interrogate the violence of ableism and to speak of its injuries (Shaw, 2019).[3] Unacknowledged ableism contributes to the lack of visible representation of therapists with lived experience in publications and presentations. In this essay, the possibilities for resisting ableism which are engendered from increased visibility are discussed across three sections: (1) Theory: post-ableist music therapy; (2) Practice: building pride, resistance, and strengthened voices; and (3) Training: developing strong foundations for disclosure, accessibility, and diverse practices.

The need for the visibility of disabled therapists is paramount across all domains (theory, practice, and training) in our profession as historically disability, neurodivergence, and illness within the profession have remained hidden or only briefly mentioned in passing in research and articles. Previously, only a small body of literature could be drawn on (Bunt, 2004; Hadley, 2001, 2003, 2017; LaCom & Reed, 2014; Rolvsjord, 2014). The public sharing of such stories is, as a contributing author Grace pointed out, "quite simply, uncommon." Grace describes how even workforce surveys have historically neglected to gather data regarding disabled therapists:

> The Australian Music Therapy Association has conducted workforce surveys over the years, with the largest and most comprehensive census taking place in 2016, when I was the National President. Regrettably, and inexplicably now that I look back, there was no data collected to explore the extent to which music therapists have lived experience of disability, neurodivergence, and chronic physical and mental health conditions.

Similarly, in the American Music Therapy Association Workforce analysis, which included nearly 4,000 respondents, the word disability is mentioned only in relation to workplace benefits such as disability insurance for therapists. In Aotearoa, New Zealand, the 2016 survey did not include information regarding therapists who identified as disabled or neurodivergent (Molyneux et al., 2016). The diversity report actioned by the British Association for Music Therapy is the only example we found which included data regarding disabled therapists and therapists with experience of mental illness (Langford et al., 2020).

Recently, the visibility of music therapists' stories of illness and disability has increased. Movement and momentum are growing. Carolyn, the lead author of this *Music Therapy Perspectives* paper, completed their PhD thesis titled *Developing post-ableist music therapy: An autoethnography exploring the counterpoint of a therapist experiencing illness/ disability* (Shaw, 2019). Zoë, another contributing author, wrote a paper about an arts-based research project they conducted exploring Grace's experiences of disability (Kalenderidis, 2020). At the 2019 Australian Music Therapy Association Conference, Zoë and Grace presented a paper titled, "the Great Reveal" (Kalenderidis & Thompson, 2019), where Zoë shared their powerful research outcomes and they both discussed their disabled identities in relation to their work. As Grace described:

> We were both nervous about the idea of disclosing at that time. In Zoë's research, I was [the] only participant, and we wondered why that might have been…we knew other colleagues had chronic health conditions and disability and were neurodivergent but they had not volunteered. Perhaps research is not for everyone.

However, after the conference presentation, many people gently approached Zoë and Grace to share their own lived experience. Similarly, others contacted Carolyn after reading their thesis. Some of us have been meeting together since, as the "post-ableist collective." This essay represents a snapshot of our discussions and collaborations and is based on a roundtable we presented at the 2020 Australian Music Therapy Association Conference[4] (Curtain et al., 2020).

This essay builds on the recent momentum of increasing visibility. The views and positions that we express, discuss, and reflect upon in this essay are our own; we do not speak for all therapists with lived experience. There is also no single story for our group; each person is building their identity in their own way. While we welcome further dialog about this essay, we ask that you respect our identities and the experiences we have chosen to share. We are all on different points in our journey, and our sense of pride is sometimes shaky. The reflections we share in this essay are personal and sensitive, while also being the province of social, cultural, and political spaces (Kamler, 2001). We, therefore, invite you into our informal, intimate living rooms, so to speak. In keeping with this tone, this essay will be written in a story-telling, conversational like manner. We want to keep you with us as you read, alert with an embodied presence. It is hoped that this has the twofold benefit of keeping it somewhat accessible and engaging to read (as we recognize the ableism inherent in some academic discourse), while also destabilizing the colonial privileging of much academic writing by valuing the tradition of story-telling and oral styles of communication that are part of the indigenous cultures of Australia and Aotearoa, New Zealand. As this is a topic close to us, we present our thoughts on a first-name basis. Fill your cup of tea, listen to our song (the link is in the footnotes),[5] and join Carolyn, Zoë,

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[3] Ableism is the discrimination toward disabled people in favor of non-disabled people. The term was coined by Fiona Kumari Campbell, who explains that ableism is "a network of beliefs, processes and practices that produces a particular kind of self and body (the bodily standard) that is projected as the perfect, species-typical, and therefore essential and fully human. Disability then is cast as a diminished state of being human." (Campbell, 2008, p. 44.)

[4] We realize that this has been a trans-Tasman collaboration, between New Zealanders and Australians, and that there are other international spaces for disabled therapists, for example, the "disabled music therapist collective" Facebook group.

[5] Please copy this web address into your browser to listen to the song: https://soundcloud.com/zoe-kalenderidis/get-proud-pac?si=c87e4d8f884e45c4946d02ddab38e2ef&utm_source=clipboard&utm_medium=text&utm_campaign=social_sharing. This song was composed by Zoë and originally used as a musical reflection during a conference presentation (Curtain et al., 2020). Lyrics adapted by Zoë from the Laura Hershey Poem, "You Get Proud by Practicing" (Hershey, 1991). Lyrics reproduced with permission.

You can add your voice
You can speak your love
To a friend without fear
You get proud by practicing
You get proud by practicing
You can get proud
I can get proud
We can get proud
You can add your voice
You can speak your love
To a friend without fear

Grace, Sarah, Brede, Emily, Allison, Ben, Megan, and Victoria as we make visible the impact of ableism on ourselves and work, and the renegotiation and reimagining of our identities and practice.

Theory: Post-Ableist Music Therapy

In this first section, Carolyn will give a brief overview of the development of post-ableist music therapy (PAMT) in conversation with Zoë and Grace's response to this orientation. Carolyn unearthed a disconcerting degree of ableism in their PhD data, which consisted of data relating to their music therapy practice (such as notes from practice and supervision), data relating to their own personal experiences (such as journals, emails, medical records, and music), and external sources of data that related to cultural/social discourses and practices (such as music therapy codes of ethics and standards of practice, literature, ministry of education documents, and university documents). Due to ethical concerns raised from the degree of ableism that they found both internally within their practice and externally in educational and professional contexts, they struggled to find a way of working that felt right:

> I could not sit comfortably. I had un-become. I was wordless. I had yet to find something that fitted as comfortably as Cinderella's slipper. I had been trying on different shoes for years and couldn't find the right one. They were just a little too tight for me to walk straight and proud. Awkwardly I limped. (Shaw, 2019, p. 192).

This statement, generated from their PhD research, captured the need for a space and a way of practicing where it felt safer and that actively addressed ableism.

This feeling of not finding, or feeling like, the right fit in practice was echoed by Zoë and Grace. Zoë responded, "I really resonate with Carolyn's descriptions of searching for the right fit in approach for my practice, that felt right for me as a disabled person." Grace described how the culture of "us" versus "them" that is perpetuated in neoliberal societies (Runswick-Cole, 2014) impacted their early understandings around fitting in, which they carried in their early career. Grace's migrant family strove to be part of the "us" (white, English-speaking society), and these efforts were also directed toward framing their disability growing up:

> My family made sure I wasn't going to be left out, and so I was empowered to always strive to be part of the non-disabled "us." But while my experience was in some ways empowering, it also came at a great cost of denying a part of my identity, and limiting my connection to a disabled community of people "like me"—"them." This is an example of ableism in my own life.

Grace then describes how, as a music therapist, they never disclosed their own disability to the families that they worked with, falling into a traditional belief that therapists must avoid making the work, "all about me." On reflection, Grace felt that this was "a missed opportunity!" They go on to say; "but perhaps I need to be a little more honest. Was I really worried about 'making it all about me', or was I still unconsciously trying to pass as 'us' rather than 'them'?" Grace's experience illuminated how the binary of "us" and "them" may inhibit finding spaces in practice that celebrate health and ability diversity, and celebrate such diverse aspects of our identity, thus potentially impacting our sense of belonging.

The recent Coronavirus global pandemic has reminded us that the notion of "us" and "them" can fall apart very quickly. Yet, the politics of ableism continues as strongly as ever. Grace gave the example of the impact of social restrictions and lockdowns on music therapy students:

> I have had several students approach me to talk about the challenges they have faced. But the most troubling of their concerns is the ableist fear that "if I can't cope with isolation, how could I possibly help someone else?" Or put another way, "if I can't cope, am I now part of 'them', or 'us'? If I need to ask for help, can I still be a therapist?"

Although there are critical approaches in music therapy to draw on that go some way in helping to find ways of navigating the feelings described above of "not fitting in," what Carolyn found in their PhD research was that addressing ableism was more complex than incorporating disability issues into existing frameworks for two main reasons: (1) they were often founded on humanism, which holds ableist ideals of independence, autonomy, and control[6] and (2) the relational aspects needed to be expanded further to fully include disabled ways of being (Sampson, 2003).[7]

Carolyn set about recreating their practice in response to this and what emerged was what they have described as PAMT (Shaw, 2019):

> PAMT is a creative process that seeks to work with a person and community to provide an environment and experience that is less disabling through addressing ableist barriers, exploring connections, and providing new/ less restrictive spaces through primarily musical or music-related experiences. It welcomes different ways of being and resists a one-size-fits all approach. Instead, the client and contexts guide the therapist. (p. 206)

In this way, the definition of PAMT is not prescriptive, and it does not have a method of set steps and specific training. It is necessary for PAMT to remain open, flexible, and adaptable, in order for the disabled, neurodivergent, chronically ill, and other diverse music therapy communities to determine how or if it should develop further.

Importantly, it is necessary that the therapist questions their frame of reference during the process to unearth and undo any ableist assumptions. Zoë beautifully articulates this as a constant process:

> My own life experiences have been shaped by ableism and I have this constant negotiation going on in myself where I'm attempting to interrupt the narrative of which

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[6] Critical expansions of humanism have been proposed in the music therapy literature (Ansdell & Stige, 2018; Hadley & Thomas, 2018). However, they did not seem to go far enough in addressing the power relations that create ableism. Please see the thesis for more discussion on this (Shaw, 2019).

[7] Other discourses used in contemporary music therapy theory have pushed relational parameters too, such as feminism. These certainly informed PAMT. However, posthumanism, which it seems had not yet been utilized as an active foundation for music therapy practice, was drawn on. It was helpful in extending the relational ethic through valuing interdependent relationships (much like disability studies), dismantling the hierarchical divide between human and non-human of which much ableism rests, and its capacity for relations of all sorts (Braidotti, 2013). While other music therapy approaches also seek to address anthropocentrism and push relationality in this way, for example, Kenny's (2006) Field of Play, such approaches are still keenly described as humanistic. There is a need to step outside of humanism to address ableism and provide another forum that has not been historically hostile toward disabled people.

> society places on my body/mind as being less than. I have to steady my body/ mind and realign myself on this long and wonderfully wonky path that looks towards disability pride and building community.

This reflexivity is important because as Campbell (2008) points out, "We are all, regardless of our subject positions, shaped and formed by the politics of ableism" (p. 151). PAMT identifies the need to undo ableist practices and for this to take a central focus in music therapy in a more overt way, as ableism remains under-theorized in music therapy (Shaw, 2019). It can be incorporated into preexisting theories as a way to extend our current models, to promote change within them.

PAMT is primarily based on aspects of posthumanism to counter the ableism and limited relationality inherent in humanism (Shaw, 2019). Humanism seems to be solidly present in contemporary music therapy (Ansdell & Stige, 2018), but as Carolyn pointed out:

> I needed to rethink humanism as I felt less than, without human status, within this discourse, for at times I was not independent, self-contained or fully autonomous. My body could not meet these ableist ideals that traditional humanism upholds.

Alternatively, the posthuman subject is an interconnected interdependent relational entity that counters attempts to make the person whole or hold independence as a core measure of success, thus valuing disabled ways of being (Braidotti, 2013). The posthuman subject forms an "enlarged sense of interconnection between self and others, including the non-human or 'earth' others, by removing the obstacle of self-centred individualism" (Braidotti, 2013, p. 190). This valuing of interdependence was echoed in Zoë's work, where they describe, "participants musicking (Small, 1998) interdependently rather than independently." For Grace, one of the many appealing aspects of the PAMT orientation is that it directly asks us to challenge restricting binaries, such as independence–dependence and us–them:

> I am inspired to be a better teacher and leader with this orientation as a guide. Our identity as a therapist should not only be about whether we are "healthy" or "coping" or "productive." Challenging the status quo that questions who is actually considered "them" reminds us that we are all interdependent, and that individualism is a myth. Doing so changes everything about therapy, including our intention when we accompany people to find the therapeutic focus of our music therapy work.

PAMT is informed by disability studies and accordingly values nonnormative ways of making music and being. Zoë described that:

> In the music room, we "crip" time, let go of linear ideas of time and how society expects our bodies to behave. Time is not defined by the destination or outcome or by completing a functional goal. We can adjust pacing of the session, take breaks, move our bodies, making micro/macro adjustments as we go, to ensure things feel safe and comfortable for everyone. We're approaching music with a different kind of curiosity outside of structures that we might consider the norm and bringing the disability aesthetic right into the room. We're encouraging and valuing non-normative ways of playing instruments; playing with different body parts, (elbows on the keys, kicking a drum or switch)…Here musicking (Small, 1998) together might be felt as a collective act of resistance.

Like Zoë, Carolyn and Grace also gave examples of valuing nonnormative ways of playing and disability aesthetics. Disability aesthetics refuses to uphold the representation of the healthy body, which considers harmony, integrity, and beauty as the sole determination of the aesthetic (Siebers, 2010). Instead, disability aesthetics[8] embraces beauty that seems by nonnormative standards to be broken and yet can be more beautiful as a result (Siebers, 2010). Ultimately, valuing such an aesthetic increases the presence of disabled people's music and cultures within sessions. Zoë described how in the music room "we're listening to disabled artists, talking disability culture, self-advocacy and writing songs about who we are."

There have been limited ways of constructing identity as a disabled music therapist beyond the psychodynamic notion of a "wounded healer" (Abbott, 2018). The reflections above suggest that music therapists are trying to find and create alternative positions that are less restrictive. It is hoped that a post-ableist approach offers another theoretical position not restricted to the grounds of shared vulnerability/woundedness but based on positive grounds of pride, joint projects, creativity, and cripping.[9]

Practice: Building Pride, Resistance, and Strengthened Voices

Building on how lived experience can inform new practices, registered music therapists, Allison, Ben, Sarah, Victoria, and Grace extend the discussion by looking at internalized ableism, embracing their difference as a resource, and finding new boundaries and codes of practice to shed ableist, traumatic, or unhelpful standards in music therapy. From this, the idea of pride as resistance (Kalenderidis, 2020) and how pride can be co-constructed in sessions is presented.

It is a common societal narrative that when a disabled person does something, it was done *despite* their disability. This framing denies that disability can be a resource for people and have positive as well as challenging aspects. Interestingly, Sarah and Ben described how it was partly *because of* (not despite) their disability that they came to be music therapists. Sarah said:

> My chronic illness worsened as I began studying vocal performance as an undergraduate. I had always wanted to use music in my profession to connect with others, and began to realize that I was no longer comfortable with the high demand of energy required in my environment as a performer. I began to explore other avenues of musical connection and eventually found that the music therapy setting offered a comfortable yet exciting space.

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[8] In Carolyn Kenny's Field of Play, she describes music and the human person as a form of beauty (Kenny, 2006). Aesthetic is the first Field of Play. She understands the aesthetic space as an open space that allows for creative process and ritual. Her work offers much in the way of valuing and appreciating aesthetics in music therapy practice. We recognize that music therapists have not excluded disabled aesthetics, but rather that disabilities' generative and transformative potential is not always acknowledged or understood as a form of identity. Therefore, we discuss *disabled* aesthetics specifically here to give it more elevated recognition and space.

[9] The organizers of Comic-Con used the term cripping to describe a way for disability-identified people and their allies to disrupt the landscape and trouble the status quo. Hutcheon and Wolbring (2013) state that "Cripping is deployed and redeployed for political purposes as a way to re-imagine conceptual boundaries, relationships, communities, cultural representations, and power structures."

Ben commented that "Like Sarah, the decision to study music therapy was down to lived experiences of mine."

While what brought them to music therapy was the idea that it might be a good fit for their needs and the desire to use music as a positive resource, they both described having to work hard against the perceived positioning of "bad" or "inadequate" therapists to instead repositioning disability and neurodivergence as a part of "competence" and the birthplace of inventiveness and resourcefulness. Internalized ableism was often at play in the construction of the first position, which takes time to unravel. Sarah's comment repositions their disability as a resource:

> My low physical energy levels, for example, were seen as a flaw when I studied as a performer and could be perceived as a flaw in my music therapy practice. Though I see young clients with varied energy levels, for many of them a crucial aspect to their therapy is that they feel comfortable and safe being themselves. My lower energy levels give me a relaxed manner that I believe helps my clients feel comfortable and safe, and is also useful in building rapport. I believe that my lived experience has allowed me to better understand my clients and their day-to-day experiences.

Ben eloquently describes the ongoing nature of finding more disability positive positions:

> Throughout my journey as a relatively new music therapist, I have had to reframe the way I view the impacts of the health conditions on my practice; you see, for a long time I had the impression that these were deficits which had to be overcome. While there is definitely space for me to continue growing in my practice, and I certainly intend to do so throughout my career, my experience has been that these so-called 'deficits' are actually opportunities to connect on a deeper level. Now I should also point out that this is an ongoing journey and there are still struggles at times, however...I am feeling so much more confident about my practice.

Despite the predominant deficit understanding of disability both in Western society and some music therapy discourses, descriptions of how disability and neurodivergence have been a positive resource in practice were plentiful in our lived experience. Some examples included becoming more perceptive, attuned, and responsive to the people they work with, and how sharing similar experiences can help to relate to clients and increase understanding. Allison elaborates on this with a rich and powerful example:

> Music has always given context to my stims, and I now share this with those who seek my work so that they may utilize music to support their sensory needs, or better understand their children's needs. I am a counter, always internally counting in 3's or 4's as a way of maintaining focus or eye contact. I can now share with others how internal melody making in 3's or 4's can replace the counting and help to regulate the brain, body and nervous system at the same time.

We have highlighted, perhaps even privileged, the positive resources generated from our lived experiences to counter deficit saturated understandings of disability. This is important as limiting understandings of disability to its challenges denies the full range of abilities and skills that are granted to other neurotypical, and able-bodied/minded, therapists. No therapist is good at everything; we all have diverse abilities. However, we do not intend to recreate a binary through repositioning and privileging disability as only a positive resource, and more so, we focus on this aspect as a vehicle to upset the hierarchy and dismantle the binary of disabled–able. While we may politically claim our disabled and neurodivergent identities, we are paradoxically aware that challenging the unstableness of disability as a category by deconstructing the disabled–abled divide is a necessary part of understanding and dismantling the construction of ableism.

Allison and Sarah also describe how their own experiences led to developing a greater appreciation of valuing different voices. Allison stated:

> I work strongly within the Neurodiversity paradigm, and look to neurodivergent voices as the experts in the field. Our voices of lived experience often negate the research, and the autistic community as a whole overwhelmingly opposes early intervention, sensory desensitization, behavioral-based therapies and considers applied behavioral analysis a form of abuse. We collectively prefer identity first language to person first. This all goes against what the research tells us is best practice. Yet from my own lived experience, and personal code of ethics, I simply cannot overlook neurodivergent experience as the pinnacle of expert understanding into the complex support needs of neurodivergence. I urge all therapists working with neurodivergent people to acknowledge lived neurodivergent experience as evidence-based expert opinion.

Many of our stories describe the need to be inventive in order to reposition ourselves. Recognizing one's own needs and accommodating these within the work have led to working in fulfilling ways beyond what some have previously imagined. However, these new practices and accommodations have also challenged codes of ethics and whether therapists were able to adhere to them. Allison describes that:

> As an autistic woman I have had to shape my music therapy boundaries to suit my own support needs. Auditory overload has meant I rarely use instruments, executive dysfunction means I rarely see clients, demand avoidance means I rarely work in person or engage in the association. My own need to be seen, heard, and center my identity means that I cannot center the identity and needs of others. These accommodations have been essential to my ability to continue in the profession, yet have led me to question my validity as a music therapist many times over. If I don't see clients, if I am not client centered, am I really a music therapist?

This may lead some to wonder whether it is ethical for music therapists' lived experience to be used as a resource in practice, especially, if these challenge traditional notions of boundaries and being "client-centered." However, space can be founded within these documents to include diverse understandings. In the Australian Music Therapy Association Code of Ethics, there is a statement that may offer the potential for this. Item 1.4 states that "Members of AMTA uphold the values of equity and justice at *all levels* of professional service" (Australian Music Therapy Association, 2021). We believe that "all levels" would include our colleagues with lived experience. It is important to note that there is not a one size fits all. For example, Ben actually found that drawing on their lived experience was helpful in providing client-centered care, whereas Allison found that they needed to frame their practice in a different way. Thus, we advocate for flexibility and expanded understandings within codes to meet the diverse needs of therapists practicing with diverse clients.

It is in finding such alternative positions that we find pride. Voicing and valuing our above experiences are acts of pride. No longer are we hiding from the public spaces of journals. But further to this, pride is found in our creativity and the ways in which we upset narrow views of disability. As Zoë's research highlights:

> When we celebrate pride, that pride is an act of resistance. Disability pride counteracts ableism. It disrupts these narratives that our lives are unliveable and our bodies/minds are undesirable. It celebrates difference and positions disability as part of the human condition. (Kalenderidis, 2020, p.4)

Furthermore, there was a sense from the stories we shared that pride was co-constructed within sessions. There was both a recognition of pride in sessions for the people we work with and modeling pride as therapists through valuing, accommodating, and paying respect to our own lived experiences of disability with clients.

If we continue to listen to those who have been marginalized by society or by our profession, further development of practice may unfold, which could ultimately provide further resource and inventiveness for the evolution of our profession. We ask, or less politely demand, that you hear our stories of marginalization and see the potential. On that note, we finish this section with a statement from Allison:

> From my own perspective the debilitating pain that comes with the standard assessment process, the disclosure of intimate details as a prerequisite to a therapy program, the lack of safety around this, and the risk of handing over therapeutic sovereignty for me, and for many in the neurodivergent community, is traumatic and takes much recovery time. The standardized assessment process, if even only for specific consumer populations, requires an overhaul. This is only one example of how lived experience could inform the development of new practices; however, it is one of many, many examples which collectively would improve accessibility for many vulnerable demographics.

Training: Developing Strong Foundations for Disclosure, Accessibility, and Diverse Practices

To understand why it has been a struggle at times to renegotiate identities, find alternative positions, and develop pride as disabled music therapists, it is helpful to look at the experiences of students. Disabled students become disabled therapists. As suggested in this section, our experiences during training either add to this struggle or can support congruence between professional and personal identities, which can benefit our practice. In this section, we hear from Megan, Brede, Zoë, and Emily who are students or recent graduates of training programs in Australia and Aotearoa, New Zealand. They discuss disclosure, creating safe spaces, and matters of access. Like the previous two sections, they also describe creativity in their practice and the ways they have developed new spaces and understandings, thus suggesting that the need to expand the overall scope of practice through honoring disabled identities starts during training.

To contextualize the experiences shared here, disabled people are underrepresented within the student experience. In higher education, 30% of non-disabled Australians aged 15 to 65 report their highest level of education to be a Bachelor's or higher degree (Australian Bureau of Statistics, 2016). This figure is approximately halved for disabled people (17%) (Australian Bureau of Statistics, 2016). In music therapy, a recent survey found that at least 8% of American music therapy students have an invisible illness or disability (Warren, 2020). This number may be higher, and it does not include other forms of disability. With this in mind, we recognize our privilege in being able to access post-graduate music therapy training. Even with this relative privilege, our individual experiences as music therapy students indicate that there are still barriers within music therapy training which disproportionately impact disabled students.

Many of these barriers can be identified by considering the issue of disclosure. For students with concealable conditions, many choose not to disclose this information. Disclosure of your own information is a personal choice. However, it is unavoidably informed by the context in which it occurs. Therefore, reflecting on this personal choice can highlight greater systemic issues as well as ableist cultural norms which obscure that choice and inherently disadvantage disabled people.

When disclosure is an option, there are many factors influencing when, where, how, what, why, and to whom students may choose to disclose. Literature suggests that students may disclose for personal reasons, such as to receive necessary accommodations, to self-advocate, to support open communication, or to feel more authentic (Jain, 2020; Warren, 2020). They may also have broader motivations in their disclosure, such as challenging stigma and ableist norms, or improving conditions for others (Jain, 2020). Brede commented that:

> Personally, when I'm (relatively) well, I disclose to normalize disability and add another perspective to your understanding of my disability/ies, or I disclose when it's contextually relevant. At uni or placement, I also disclose as a preventative measure in case I require implementation of access needs. An important distinction here is that these disclosures are not requests for personal support or therapy… These disclosures are about promoting transparency and shared understanding in how we can best navigate my professional development and our working relationship if my needs change.

Disclosure can change with experience and every disclosure is unique. Megan described how their experience of disclosure changed as they prepared for a presentation at the 2020 Australian Music Therapy Association Conference, a round table from which this essay is based (Curtain et al., 2020). Initially, they struggled with the concept of disclosure due to the confrontation of internalized ableism and binary thinking but began to see and use it as a learning resource:

> Typically, I disclosed only for seeking accessibility. Disability support at my university details the accessibility requirements for lecturers without necessarily disclosing the specific disability. More recently, I have disclosed in situations where I believed others understood me or felt safe to disclose and my experiences could bring something to the learning and teaching spaces.

Likewise, Brede noted that associating disability with "client" not "colleague" resulted in spending their first semester undisclosed to all staff, with feelings of shame and anxiety approaching their first disclosure. In their second year, Brede more freely disclosed and embraced their differences, leading to enhanced personal, educational, and professional outcomes. Emily too felt the dichotomy of "disabled client-non-disabled therapist" during their training and spent time trying to overcome their disability to become an effective therapist. Emily wonders now why they didn't consider and value their own differences and what this enabled them to offer. As Emily described:

> I sought a formal diagnosis of my invisible disability so that I could access a withdrawal space at the Library's Access Suite as well as seeking accommodations for exams. At this point, disclosure for me was voluntary. However, my own internalized ableism and binary thinking made disclosure difficult.

The theme of safety alluded to in Megan's comment above was prominent within other contributing authors' stories. Emily noted that "it often felt safer to 'soldier on' than to ask for changes in the environment or to opt out of some activities." This is not surprising given that, although there can be many positive outcomes from disclosing, there are also many barriers that prevent people from disclosing. Barriers noted in literature may include fear of risking their future career or being seen as incapable, previous experiences of ableist macro or microaggressions which suggest it's safer to conceal, not wanting to be treated differently, a lack of positive role models within the profession, or feeling like disclosure is irrelevant as their disability doesn't impact their ability to be a "good" therapist (Jain, 2020; Mullins & Preyde, 2013; Warren, 2020). Another barrier raised by Megan was that disclosure conversations require energy which students need to conserve when completing their studies. Megan points out that, "sometimes it is easier not to disclose." When faced with whether to disclose or not, the uncertainty regarding how someone will interpret one's disclosure is made greater when markers of safety within university contexts are not present. Thus, leaving students to grapple with considering the potential fall-out. This was demonstrated in Brede's comment:

> From personal experience, feeling "safe" to disclose is the most important factor. I've had many positive or neutral disclosure experiences, but I've had enough negative experiences to feel cautious. On top of this, in literature, I read about how complex and difficult people like me are to work with, and descriptions in popular media are far less polite than that. I don't want your impression of me to be based on these stereotypes instead of who I am personally. I don't want to be denied opportunities because my health status is seen as inappropriate for the setting. I also don't want a pity reaction, where my access to opportunities is reduced due to others wanting to "protect" me from further challenges. So, If I don't feel safe enough to disclose, I won't.

The importance of feeling "safe enough to disclose," as Brede puts it, cannot be overstated. Humans can be hardwired to seek acceptance from people in their community and as such often pay careful attention to the relational cues from others (Leary, 2015). Unfortunately, many of us with lived experience have felt ignored or excluded following disclosure, and these recurring interpersonal rejections contribute to trauma. Feelings of guilt and shame go hand in hand with rejections (Leary, 2015), and so weighing up whether to disclose or not is a serious enterprise.

Another point of discussion was around accessibility, which was expanded beyond the understanding of physical needs, such as wheelchair access. Both Brede and Megan spoke of the importance of structure and predictability for them to function at their best. Having structure enabled them to plan energy effectively, and predictability helped to minimize the possibility of being in fight, flight, freeze, or fawn. Emily reflected that having more autonomy over their schedule on placement allowed for their sensory needs to be more easily managed. Careful consideration of figurative language, which can be hard to understand for some, is another aspect affecting accessibility. Lastly, providing multiple ways of learning and accessing information was raised to cater to a variety of access needs.

Zoë expanded on practical ways to help us center access for students on placement:

> Be upfront with students about the accessibility of your placement site and what is already in place in the facility. Before Covid happened, I created a word document about accessibility for students. This briefly covered the physical environment at the site, like describing the floor, lighting, ramps; the structure of the music program, and any technology used such as file sharing or needing access to a laptop or computer. So when we're first in contact with students, we have this information and then we can ask—hey are there any access needs I can support you with?

By centering access, safer spaces are created for disclosure, enabling students to participate more equitably. As well as access, there are other factors that create feelings of safety. Being aware of the literature students are asked to read is important, especially if it contains ableist language or is not informed by lived experience perspectives. If there is not a better article to provide, openly discussing ableism and contextualizing the historical context would be beneficial. Likewise, seeing supervisors and lecturers actively reflect on their own biases around disability indicates an environment that is actively thinking about and acknowledging disability-related discrimination.

Like previous sections of this essay have indicated, when experiences of disability were valued and drawn on, creativity and new practices and understandings emerged. It is beneficial, therefore, for teaching staff to be aware of this process and actively support it instead of inadvertently impeding it. Megan's experiences have allowed them to think critically about observed behaviors and feelings:

> As a therapist, we really can only see what we can see. There are times on placement where collaborating with other music therapy students that I have contributed to critical conversation where we have discussed the meaning of a smile. It is possible that a smile is a reflection of happiness or positive mood. But it is also possible that it is used as 'self-protective behavior' or 'socially appropriate behavior' and the participant may be masking their emotions and feeling things other than happiness.

Brede shared an example of a music and imagery session where, as they noted:

> One of my "deficits" led to an amazing session…as we were generating a theme to focus on, my auditory processing delay was blocking me more than usual. I felt like I wasn't recapitulating "well enough," and the group discussion began trailing off. I knew I'd need a minute before I could verbally facilitate again, so we switched to letting the music determine the theme. I played a few contrasting pieces and asked the group to consider which piece resonated most with what they wanted from the session. This led us to a really cohesive collective theme, and one that took a really different direction to our previous sessions—incorporating more forms of creative expression, and more free-flowing and insightful reflections in discussion afterwards.

On reflection, Emily felt that their experiences gave them a different perspective of the children they were working with. This strengthened an existing inclination to work inclusively and heightened an awareness of marginalizing practices during training. Emily found their experiences drew them to community music therapy (Stige & Aarø, 2012) and a more resource-oriented approach (Rolvsjord, 2010). However, change for Emily happened suddenly and was quite confronting when as they recall:

> The resurgence of an existing physical condition during my first year of practice left me with a very visible disability which could not be concealed. Where disclosure of my neurodivergent identity had been voluntary, suddenly disclosure of my physical disability was involuntary.

Emily took to reading other therapists experiences of disability (Kalenderidis, 2020; Shaw, 2019), which prompted them to:

> Rethink the logistics of how I delivered music therapy services; not only in practical terms, by buying and renovating a caravan to create a bespoke music therapy space, but also adapting and reflecting on how I work as a music therapist.

Their story highlights how our training may impact our journeys in embracing and drawing on our experiences to create diverse ways of practicing. Furthermore, it reminds us of the importance of disability representation in students' reading lists to support their development as therapists.

Conclusion

Across the three sections that we have considered, a dominant theme woven through our discussions was that honoring our experiences of illness, disability, and neurodivergence could be a powerful creative catalyst for the emergence of diverse ways of practicing. This is important, as to meet the diverse needs of the people we work with, we need the same diversity to be represented in our theory, practice, and training. Our experiences also highlighted barriers and ableism that could restrict the full realization, resourcefulness, and possibilities for the future of our profession inherent in acknowledging our different ways of being. Aspects of PAMT were explored by several authors in this paper in response to ableism encountered, in particular Carolyn, Grace, and Zoë. PAMT was found to be useful in challenging the status quo, valuing nonnormative ways of being and music-making, and ultimately finding new less restrictive spaces and positions in their practice. Being a non-prescriptive orientation, diverse music therapy communities can determine how PAMT might develop in the future—in theory, practice, training, as well as in potential future research. Like the exploration of PAMT, increasing visibility, through our sharing, goes some way in mitigating ableist barriers and discrimination. We feel that it has helped enhance our sense of community, pride, and ability to find alternative positions that more positively enhanced our multiple and ever-changing identities.

The implications of this essay go much further than music therapy, and, therefore, continuing this conversation may not only impact our profession and other creative arts therapies but also allied health, other communities, and larger societal structures. Therefore, we conclude with a call to action. Advocacy is a flame that we need to keep lighting and this advocacy must flow both ways: If we are marginalized, so too are the people we work with. There is a need to seek out voices of those with lived experience within music therapy where it currently exists and beyond. Allison and Sarah's reflections in particular illuminated how drawing on such voices can be a vital resource and way of valuing difference. As experiences of ableism continue in the music therapy profession, what will you change in your practice, teaching, or thinking? Will you start lighting flames to see and feel the full potential of the post-burning regeneration?

References

Abbott, D. L. (2018). Trauma, disability and the "wounded healer". *Music and Medicine*, *10*(3), 152-156. https://doi.org/10.47513/mmd.v10i3.616

Ansdell, G., & Stige, B. (2018). Can music therapy still be humanist? *Music Therapy Perspectives*, *36*(1), 175–182. https://doi.org/10.1093/mtp/miy018

Australian Bureau of Statistics. (2016). Disability, ageing and carers, Australia: Summary of findings, 2015. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4430.0main+features202015

Australian Music Therapy Association. (2021). Code of ethics. Australian Music Therapy Association. Retrieved from https://www.austmta.org.au/public/151/files/Website%20general/Code%20of%20Ethics%202021.pdf

Braidotti, R. (2013). *The posthuman*. Polity.

Bunt, L. (2004). Mary Priestley interviewed by Leslie Bunt. *Voices*, *4*(2). https://doi.org/10.15845/voices.v4i2.180

Campbell, F. K. (2008). Exploring internalized ableism using critical race theory. *Disability and Society*, *23*(2), 151–162. https://doi.org/10.1080/09687590701841190

Curtain, C., Davis, B., Shaw, C., Kalenderidis, K., Murray, M., Davies, A., McKenzie, B., Churchill, V., & Thompson, G. (2020, November 14). *Music therapists with lived experience of disability, neurodivergence, and chronic physical and mental health conditions: Reflecting on connections within and beyond our professional identity*. Round Table Paper presented at Australian Music Therapy Association, 46th National Conference, Online, Australia.

Hadley, S. (2001). Exploring relationships between Mary Priestley's life and work. *Nordic Journal of Music Therapy*, *10*(2), 116–131. https://doi.org/10.1080/08098130109478026

Hadley, S. (2003). Meaning making through narrative inquiry. *Nordic Journal of Music Therapy*, *12*(1), 33–53. https://doi.org/10.1080/08098130309478071

Hadley, S. (2017). I don't see you as Black/Gay/Disabled/Muslim/etc.: Microaggressions in everyday encounters. In A. Whitehead-Pleaux & X. Tan (Eds.), *Cultural intersections in music therapy: Music, health, and the person*. Barcelona Publishers.

Hadley, S., & Thomas, N. (2018). Critical humanism in music therapy: Imagining the possibilities. *Music Therapy Perspectives*, *36*(1), 168–174. https://doi.org/10.1093/mtp/miy015

Hershey, L. (1991). You get proud by practicing [poem]. The Nth Degree. Retrieved December 21, 2021, from http://www.thenthdegree.com/proudpoem.asp

Hutcheon, E., & Wolbring, G. (2013). "Cripping" resilience: Contributions from disability studies to resilience theory. *M/C Journal*, *16*(5). https://doi.org/10.5204/mcj.697

Jain, N. R. (2020). Political disclosure: Resisting ableism in medical education. *Disability & Society*, *35*(3), 389–412. https://doi.org/10.1080/09687599.2019.1647149

Kalenderidis, Z. (2020). The Great Reveal: The experiences of an Australian registered music therapist with a disability, an arts-based research project. *Voices*. *20*(1). https://doi.org/10.15845/voices.v20i1.2873

Kalenderidis, Z., & Thompson, G. A. (2019, November 29–December 1). *"The great reveal": Uncovering the experiences of registered music therapists with disabilities*. Paper presented at Australian Music Therapy Association, 45th National Conference & PDS, Melbourne, Australia.

Kamler, B. (2001). *Relocating the personal: A critical writing pedagogy.* State University of New York Press.

Kenny, C. (2006). *Music and life in the field of play: An anthology.* Barcelona Publishers.

LaCom, C., & Reed, R. (2014). Destabilizing bodies, destabilizing disciplines: Practicing liminality in music therapy. *Voices*, *14*(3). https://doi.org/10.15845/voices.v14i3.797

Langford, A., Rizkallah, M. & Maddocks, C. (2020, October). *Diversity report.* British Association for Music Therapy. Retrieved from https://www.bamt.org/resources/diversity-report

Leary, M. R. (2015). Emotional responses to interpersonal rejection. *Dialogues in Clinical Neuroscience*, *17*(4), 435–441. https://doi.org/10.31887/dcns.2015.17.4/mleary

Molyneux, C., Talmage, A., & McGann, H. (2016). A Music Therapy New Zealand report on music therapy provision in New Zealand. *New Zealand Journal of Music Therapy*, *14*, 25–54.

Mullins, L., & Preyde, M. (2013). The lived experience of students with an invisible disability at a Canadian university. *Disability & Society*, *28*(2), 147–160. https://doi.org/10.1080/09687599.2012.752127

Rolvsjord, R. (2010). *Resource-oriented music therapy in mental health care.* Barcelona Publishers.

Rolvsjord, R. (2014). The competent client and the complexity of dis-ability. *Voices*, *3*(14). https://doi.org/10.15845/voices.v14i3.787

Runswick-Cole, K. (2014). "Us" and "them": The limits and possibilities of a "politics of neurodiversity" in neoliberal times. *Disability & Society, 29*(7), 1117–1129. https://doi.org/10.1080/09687599.2014.910107

Sampson, E. (2003). Unconditional kindness to strangers. *Theory and Psychology*, *13*(2), 147–175. https://doi.org/10.1177/0959354303013002001

Shaw, C. (2019). *Developing post-ableist music therapy: An autoethnography exploring the counterpoint of a therapist experiencing illness/disability* [Doctoral dissertation, New Zealand School of Music, Te Kōkī/Victoria University of Wellington]. Retrieved from https://hdl.handle.net/10063/8247

Siebers, T. (2010). *Disability aesthetics.* University of Michigan Press.

Small, C. (1998). *Musicking: The meanings of performing and listening*. Wesleyan Univeristy Press.

Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy.* Routledge.

Warren, R. J. (2020). The impact of invisible illness and invisible disability on music therapy practica students. *Journal of Music Therapy*, *57*(2), 193-218. https://doi.org/10.1093/jmt/thaa004